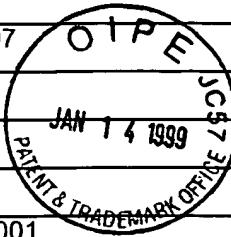


FEE TRANSMITTAL

Complete if Known

Application No.	08/851,299
Filing Date	May 5, 1997
First Named Inventor	Steve Poll
Group Art Unit	3612
Examiner Name	Avila, S.



Total Amount of Payment: \$ 635.00

Atty. Docket Number P405.12-0001

METHOD OF PAYMENT (Check One)

1. The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982.
Deposit Account Name: Kinney & Lange, P.A.

2. Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description		
101	760	201	380	[] Utility Filing Fee
106	310	206	155	[] Design Filing Fee
108	760	208	380	[] Reissue Filing Fee
114	150	214	75	[] Prov. Filing Fee

Subtotal (1) \$

2. EXTRA CLAIM FEES

Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	*	*	*	*
Indep.	*	*	*	*

**Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee Code	Small Entity Fee Code	Description		
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple Dependent Claim
109	78	209	39	Reissue Independent Claims Over Original Patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee paid
105	130	205	65	Surcharge - Late filing fee or oath	*
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	*
139	130	139	130	Non-English specification	*
147	2,520	147	2,520	For Filing a Request for Reexamination	*
115	110	215	55	Extension for reply within first month	*
116	380	216	190	Extension for reply within second month	*
117	870	217	435	Extension for reply within third month	*
118	1,360	218	690	Extension for reply within fourth month	*
128	1,850	280	925	Extension for reply within fifth month	*
120	300	220	150	Filing a brief in support of an appeal	*
121	260	221	130	Request for oral hearing	*
148	110	248	55	Terminal Disclaimer Fee	*
140	110	240	55	Petition to revive - unavoidable	*
141	1,320	241	660	Petition to revive - unintentional	*
142	1,240	242	635	Utility/Reissue issue fee (inc. advance copies)	X
143	460	243	245	Design issue fee (inc. advance copies)	*
122	130	122	130	Petitions to the Commissioner	*
123	50	123	50	Petitions related to provisional applications	*
126	240	126	240	Submission of Information Disclosure Statement	*
581	40	581	40	Recording each patent assignment per property (times number of properties)	*
Other fee (specify) _____					*

Subtotal (3) \$ 635.00

Signature David R. Fairbairn

David R. Fairbairn

Reg. No. 26,047

Date 1/11/99

Deposit Account No. 11-0982

"FEE ADDRESS" INDICATION FORM



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Please recognize as the "Fee Address" under the provisions of 37 C.F.R. 1.363 the following address. Please delete the previous payor number and fee address and send all future correspondence and notification to the last known mailing address of:

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Minneapolis, MN 55402-1002
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in the following listed application(s) or patent(s) for which the issue fee has been paid.

Patent Number (if known)	Serial Number	Patent Date (if known)	U.S. Filing Date
	08/851,299		May 5, 1997

Typed name of person signing : David R. Fairbairn

Signed

A handwritten signature in black ink, appearing to read "David R. Fairbairn".

(check one)

 Owner of record

Owner's attorney or agent of record